

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

Dr. W. H. ...
12529
1473

1. PLACE OF DEATH
County Greene Registration District No. 314
Township Springfield (No. 1010) Primary Registration District No. 2001 Ward 1010
2. FULL NAME Paula Jean Tester
(a) Residence, No. 1010 Meadows Lane Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Tester
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1908
7. AGE YEARS 26 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT James J. Tester
(ADDRESS) Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 4-6-34
19. UNDERTAKERS H. H. Rahmeyer
(ADDRESS) Springfield Mo.
20. FILED 4-5 1934 Springfield Mo.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 4th, 1934
22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to April 4th, 1934
I last saw him alive on April 4th, 1934. Death is said to have occurred on the date stated above, at 11:35 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage of Left Lung
Pulmonary Tuberculosis of Both Lungs
23B
Other contributory causes of importance: 23B
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Paul C. Wroblewski, M.D., M. D.
(Address) Medical Arts Bldg., Springfield, Mo.

